



**Department of the Treasury**  
Federal Law Enforcement Agencies  
**PROCESS RECEIPT AND RETURN**

PLAINTIFF <b>UNITED STATES OF AMERICA</b>		COURT CASE NUMBER CR-05-10085-RCL	
DEFENDANT Hana Al Jader (Defendant)		TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE	
<b>SERVE AT</b>	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Washington Mutual Bank		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) 9200 Oakdale Avenue, Mail N1 10701, Chatsworth, CA 91311		
Send NOTICE OF SERVICE copy to Requester:  KRISTINA E. BARCLAY ASSISTANT U.S. ATTORNEY OFFICE OF THE UNITED STATES ATTORNEY John Joseph Moakley Federal Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)  Please serve a copy of the attached Preliminary Order of Forfeiture upon the above-referenced entity via certified mail, return receipt requested. <div style="text-align: right;">JLJ xt 3297</div>			
Signature of Attorney or other Originator requesting service on behalf of  Kristina E. Barclay, Assistant U.S. Attorney		Telephone No. (617) 748-3100	Date Oct 23, 2006
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date
<b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
Date			
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service <input type="checkbox"/> AM <input type="checkbox"/> PM
		PLEASE SEE REMARKS SECTION BELOW	
		Signature, Title and Treasury Agency <i>Mary Lou Gilman</i> Mary Lou Gilman, Forfeitures Specialist	
REMARKS:  The above described Order was served by certified mail. A copy of certified mail form 7001 2510 0003 4299 5181 is attached. Mailed on October 27, 2006. Postal records indicate delivery/receipt on October 31, 2006.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT   
 ☐ FOR CASE FILE   
 ☐ LEAVE AT PLACE OF SERVICE   
 ☐ FILE COPY



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Track &amp; Confirm

## Track & Confirm

### Search Results

Label/Receipt Number: **7001 2510 0003 4299 5181**  
 Status: **Delivered**

Your item was delivered at 5:54 am on October 31, 2006 in  
 CHATSWORTH, CA 91313.

Track &amp; Confirm

Enter Label/Receipt Number.

### Notification Options

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#### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to **CR-05010085-RCL**  
**Washington Mutual Bank**  
**9200 Oakdale Ave.**  
**Mail N1-10701**  
**Chatsworth, CA 91311**

#### COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee  
**X** *[Signature]*
- B. Received by (Printed Name) *[Signature]* C. Date of Delivery **OCT 31**
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:
3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$

Sent To  
**Washington Mutual Bank**  
 Street, Apt. No.,  
 or PO Box No. **9200 Oakdale Ave. mail N1**  
 City, State, ZIP+4  
**Chatsworth, CA 91311**

2. Article Number  
 (Transfer from service label) **7001 2510 0003 4299 5181**

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M

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